WRITE PLAINLY, WITH UNFADING INK-THIS IS

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

A PERMANENT

1 PLACE OF DEATH Queen anne

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

| <b>A</b> —  | Registration Dist, No. 952   |
|---|--|
| Village or City Centreviele (No   | St.;—Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Jem de Color of RACE Single, Mariel - Willed - Only of the Word)  | 16 DATE OF DEATH May - 4 - ,1914<br>(Month) (Day (Year)  |
| (Month) (Day (Year)   | that I last saw her allye on May 3.  |
| TAGE  It LESS than 1 day,hrs. ORmin.?  Cocupation (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in     | and that death occurred on the date stated above, at   |
| which employed (or employer)  BIRTHPLACE (State or country)  Mary Land  10 NAME OF FATHER Risdon Berryman  11 BIRTHPLACE  | Contributory Secondary  (Duration) yrs mos ds.  (Signed) W. Jeuny Tisher, M. D.  May - 4, 191 4 (Address) Centrevels My  |
| 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Caroline Dealor  13 DISTURBACE OF FATHER (State or country)  May land                              | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Bichard Berryman  (Address) State of My Knowledge  (Address) Attress II Md  Filed 5-4-1914 Prat. W. Eddin | At place of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS                               |

REGISTRAR

If more blanks are needed, address State Registra, 6 E. Frank h St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salcsman, tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

JUN 5 1914
BUREAU, V.S.

UNFADING

YSICIANS should RECORD PERMANENT of inform DEATH Item mportant. Every It

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instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 If death occurred in ....Ward) a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) (Month (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the' - " ot death ..... yrs. .... mos. .... State ..... yrs, ..... mos. Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tlou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the affection used not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgeultai," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debliity" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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|       | PLACE OF DEATH  | STATE OF MAR   |
|-------|---|--|
| Co    | ounty Queen anne Co                                       | CERTIFICATE O  |
|       |   | Registere  |
| · v   | illage or City Byc Sumis Cor (No.                         | St;Ward)   |
|       | , (110,,  | Traiu)   |
|       | <sup>2</sup> FULL NAME Elsie Cla                          | ugh.   |
|       | PERSONAL AND STATISTICAL PARTICULARS                      | MEDIGAL CERTIFICATE OF   |
| 3 5 5 | MARRIEO, Jugle  | 16 DATE OF DEATH May   |
| 1     | emale There (Write the word)                              | 17 I HEREBY CERTIFY, That I a  |
| 6 D   | ATE OF BIRTH Qualif 10 ,914                               | may 28 1914, to 1/2  |
|       | (Month) (Day) (Year)                                      | that I last saw he alive on May  |
| 7 A C |   | and that death occurred on the date stated a   |
|       | yrs   | The CAUSE OF DEATH * was as follows:   |
|       | CCUPATION<br>) Trade, protession, or                      | Brancho - Ones   |
|       | rficular kind of werk                                     |  |
| bus   | General nature ot industry,<br>iness, or esfablishment in | (Ouration)   |
| -     | ich employed (or employer)                                | Contributory   |
| (S    | tate or country)  | (Secondary)  |
|       | 10 NAME OF  | (Ouration)   |
|       | FATHER West ander Clough                                  | (Signed) Sulhur & La   |
| NTS   | 11 BIRTHPLACE OF FATHER: (State or country)               | May 31, 1914 (Address) Com   |
| AREN  | 12 MAIDEN NAME  | *State the DISEASE CAUSING DEATH, or, in CAUSES; state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL. |
| PA    | OF-MOTHER Magnolia Hund                                   | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, II  |
|       | 13 BIRTHPLACE OF MOTHER (State or country)                | OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State  |
| 147   | THE ABOVE IS:TRUE TO THE BEST OF MY KNOWLEDGE             | Where was disease confracted,  |
|       | (Informant) Deletander Clough                             | It not at place of death?  |
|       | (IIIIU) (IIIGIII)   | usual residence  |
|       | (Address) Millington #                                    | 19 PLACE OF BURIAL OR REMOVAL  |
| 15    | n 11 161 - 610  | Hor Ludlueville  |
| Fi    | led Thay 3 , 191 of Wer Theppard                          | 20 UNDERTAKER  |
|       | / REGISTRAR-  | alexander alongh   |

ATE OF MARYLAND TIFICATE OF DEATH

Registered No.

[If death occurred in

a hospifal or institution, give its NAME instead

ot sfreef and number. 1 CERTIFICATE OF DEATH (Day) CERTIFY, That I attended deceased from n the date stated above, at 12.30 Pm. was as follows: (Ouration) .....yrs..... USING DEATH, or, in deaths from VIOLENT s of Injury; and (2) whether Acciden-CIDAL. E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the Sfafe ...... yrs, \_\_\_\_ mos. ..... ds. REMOVAL DATE OF BURIAL

1f mere blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; material worked on may form part of the second (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples: For vio-



OCCUPATION RECORD PERMANENT UNFADING iddus 50 back Instructions plal WRITE ō ā 10 mportant. ш Every

PLACE OF DEATH Village or City T.V. 3 SEX 4 COLOR-OR RACE 6 DATE OF BIRTH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No 20

fit death occurred in .....Ward) a hospital or lostitution. give Its NAME instead ot street and number.]

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Year) (Month) (Day LHEREBY CERTIFY That I attended deceased from and that death occurred on the date stated above, at... The CAUSE OF DEATH\* was as follows: (Duration) Contributory Secondary (Signed)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

| 16 LENGTH OF RESIDENCE (FOR HO<br>OR RECENT RESIDENTS) | SPITALS, INSTITUTIONS, | TRANSIENT |
|--|------------------------|-----------|
| At place   | In the                 |           |
| ot death yrs mos ds.                                   | State yrs,             | nos d     |

Where was disease contracted, It not at place of death?

Former or

usual residence.

OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE. MARRIED. WIDOWED. (Write the word)

(Month)

(Day (Year) It LESS than

1 day ..... hrs. OR ..... ?

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE (State or country)

> 10 NAME OF FATHER

7 AGE

PARENTS

6 OCCUPATION (e) Trade, profession, or particular kind of work.

> 11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

THE BEST OF MY KNOWLEDGE

(Address).

18

REGISTRAR

Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations ou statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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DEATH

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RECORD

PERMANENT

PLACE OF DEATH Zuew ann 3 SEX 4 COLOR OR RACE DATE OF BIRTH (Month) 7 AGE BOCCUPATION (a) Trade, protession, or particular kind of work

#### STATE OF MARYLAND CERTIFICATE OF DEATH

00 Registration Dist. No.

| Ward) | [It death occurred in a hospital or lostitution, |  |
|-------|--|--|
|       | of street and number.]                           |  |

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, MARRIEO. WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Day (Year) It LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH\* was as follows: min. ? (b) General nature of industry, business, or establishment in which employed (or employer) ..... (Duration) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs.\_\_ \_ ds. Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS

REGISTRAR

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should be taken to report specifically the occupations statement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease cadesing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnéumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Exhaustion," Never report For VIO-



PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement, of OCCUPATION is very important. See instructions on back of certificate.

WRITE

15

|                  | 1 PLACE OF DEATH 5112  unty Queen anne Burnsville (No,  2 FULL NAME Boly. Earle-  | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 252  St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME lastead of street and nomber.]   |
|------------------|---|--|
|                  |   | WENCAL CENTERCATE OF DEATH   |
| 35               | PERSONAL AND STATISTICAL PARTICULARS  EX  Color or race  Single, Married, Widowed, Ordivorced (Write the word)  | MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I ettended deceased from  |
| 7 A              | ## 29 % 1 9 % (Year)    GE  | that I last aaw halive on  |
| (b)<br>bus<br>wh | Trade, profession, or ricular kind of work.  Deneral nature of industry, siness, or establishment in ich empioyed (or employar)  IRTHPLACE (State or country)  Queen Quee Co Md | (Duration) yrs mos ds.  Contributory Secondary   |
| ARENTS           | 10 NAME OF FATHER ROLT . H. Earle—  11 BIRTHPLACE OF FATHER (State or country) Jacket Co- hid—  12 NAME OF ROLT . H. Earle—   | (Signed) V. July Troher  (Signed) V. July Troher  May, 29, 191 4. (Address) Cutteville Indi  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 14 7             | 13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Cohert H. Carle  | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence.            |
|                  | (Address) Centreville Md  | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |

REGISTRAR

20 UNDERTAKER

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Housewife, Housework, or At Home, and children, not statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

scosis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness, Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Mcaslcs (discase causing "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, death), 29 ds.;



vi.

PERMANENT INK supplied. UNFADING -DEATH WRITE ō OF

certifica

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back

Instructions

See

mportant. CAUSE

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:...Ward) a hospital or lostitution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, W WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 mos. BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or amployer) ..... BIRTHPLACE Contributory. Secondary (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when necded. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Seuile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Agc," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations ou statement of may be stated under the head of State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

(No....

Queen anne



#### STATE OF MARYLAND CERTIFICATE OF DEATH

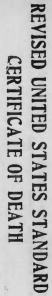
752 Registration Dist. No....

| St. | Ward |
|-----|------|

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

|   | ²FULL | NAME. | Baly | Loued ) |
|---|-------|-------|------|---------|
| _ |       |       |      | -       |

|  | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
|--|--|--|
| 3 5                                    | Jenus Colore de  | 16 DATE OF DEATH May 27 , 191 Y  |
| 6 D                                    | May 27th   | 17 I HEREBY CERTIFY, That I attended deceased from   |
| 7 A                                    | GE (Month) (Day (Year)  If LESS than f day,hrs.  ORmin,?   | and that death occurred on the date stated above, at   |
| (a                                     | OCCUPATION a) Trade, profession, or hone articular kind of work  | Still Born Bruy  |
| bus                                    | ) General nature of industry,<br>siness, or establishment in<br>nich employed (or employer)  | (Duration) yrs mos ds.   |
| 9 81                                   | (State or country) Queen ame Co. mi  | Contributory   |
|  | 10 NAME OF Thos. Gould.  | (Signed) (Duration) yrs mos ds. (Signed) N. Jenry Tisher , M. D.                               |
| ENTS                                   | 11 BIRTHPLACE OF FATHER (State or country) Queen Tune Com ha   | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT                                   |
| 12 MAIDEN NAME OF MOTHER Laury Winglit |  | TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLESS.) |
|  | 13 BIRTHPLACE OF MOTHER (State or country)  Caroline  (State or country)   | At place in the of death yrs mos ds. State yrs mos ds  |
|  | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Joseph | Where was disease contracted, if not at place of death?  Former or usual residence             |
| 16                                     | (Address) Queenstown ms.   | Souldtown Ms. Date of Burial May 27, 1914  |
| FII                                    | 18d May 2), 191 4 Robt. W. Eddins<br>Dept. REGISTRAR   | 20 UNDERTAKER ADDRESS  |



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, For many oecupations a single word or term on the Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tudereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ete., when a defiuite disease ean be ascertained as the mus," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from Mcastes (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914
BUREAU. V.S.

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Village or GHT Ruths bury (No. Courty 2011) 2FULL NAME DURY (No. Courty A)   | STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2 3 2  Thy House St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]  |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| SSEX  COLOR OR RACE  MARRIED, MIDOWED, ORDIVORCED (Write the word)  **STATE OF BIRTH  (Month) (Day (Year)  TAGE ALACAM  (Month) (Day (Year)  It LESS than t day, hrs. OR min.?  **OCCUPATION (a) Trade, professian, or particular kind of work   | (Month) (Day (Year))  I HEREBY CERTIFY, That I strended deceased from 1913, to That I last saw have alive on May 8, 1914, and that death occurred on the date stated above, at 1914.  The CAUSE OF DEATH* was as follows:  |
| (b) General nature by industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  DOWN  13 BIRTHPLACE  13 BIRTHPLACE             | (Signed)  *State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS. At place                                   |
| OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address) | At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER WESSELVE APDRESS  Outbreville  Far, G. E. Franklin St., Balto, Requesting V. S. No. 1 |

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH; state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the nisease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria: (avoid use of "Group";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICINAL, or HOMICIBAL, or as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock;" "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS, OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head+homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.); "Dropsy," "Exhaustion," Never report



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. AGE UNFADING INK WITH terms, baci should 0 PLAINLY See instructions of information WRITE Every item CAUSE OF important.

PARENTS

15

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

(State or country)

OF MOTHER (State or country)

state Very PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 257

| VIIIago of City / Berela, (No   | St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]  |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| ** COLOR OR RACE   SSINGLE. MARRIED, WIDOWED, OR DIVORGED (Write the word)  ** DATE OF BIRTH  ** Color or RACE   SSINGLE. MARRIED, WIDOWED, OR DIVORGED (Write the word)  ** (Monty) (Day (Year)  ** 7 AGE   If LESS than 1 day, hrs. OR min. ? | (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended decased from 191 to 191 that I last saw h alive on 191 and that death occurred on the date stated above, at 10.5 m.  The CAUSE OF DEATH* was as follows:                         |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER                                   | Contributory Secondary  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration) |

(Address). \*State the DISEASE CAUSING DEATH or, in deaths from VIOLEYT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place ot death ...... yrs. ..... mos. .... ds. State ...... yrs. \_\_\_\_ mos. \_\_

Where was disease contracted. If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. oma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustiou," Never report



No. ò

N.B.

|               | PLACE OF DEATH   | STATE OF MAI   |   |
|---------------|--|--|---|
| Co            | ounty-Addella addella  | Registration Dis   |   |
| VII           | lage or City Succession (No. ,   | ury V / a z below  | [if death occurred in a hospital or institution, give its NAME instead of street and number.] |
|               | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL GERTIFICATE O  | F DEATH   |
| 35            | Married, Wight Widowed, Ordivorced (Write the word)  | 16 DATE OF DEATH MILE (Month)  17 I HEREBY CERTIFY, That   | (Day (Year)   |
| e D           | Month (Day (Year)  | that I last saw h alive on   |   |
| (a pa (b) bus | JESS than 1 day,hrs.  OR min.?  OR min.?  OR min.?   | and that death occurred on the date stated.  The GAUSE OF DEATH* was as follows:  Droubles—  Alle Alle Alle Alle Alle Alle Alle All  | . , /   |
| PARENTS       | 10 NAME OF FATHER ATTEMPT AND LAND COUNTRY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME    | (Signed) (Signed) (Signed) (Address) | mos ds.  freq M. D.  mos M. D.  mos M. D.  mos M          |
|               | of Mother  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  ROLL HOLLING (Informant) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State Where was disease contracted, if not at place of death? former or usual residence.  | yrs, ds   |
| 16            | (Address) Que Sou  | Begans Chapul  | DATE OF BURIAL PROJE 1915   |
|               | 17 IVI MATANETER   | 20 HNDERTAKER  | 4000000   |

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," ."Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanns) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



V. B. No. 1.

| RECORD  | PHYSICIANS should state of OCCUPATION IS YETY   |
|---|---|
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORC | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |

| Village or City near Stevenswelle,  2 FULL NAME George Wash  | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No  |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| SEX LUALE  4 COLOR OR RACE MARRIED, MARVIEL WIDOWEO, OR DIVERCED (Write the word)                      | 16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from   |
| Month) (Day) (Year)  | that I last saw h sim allve on class 27 (1130 Mg)   |
| TAGE    If LESS than (1 day, hrs. or min.?)  | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:  |
| (a) Trade, profession, or particular kind of work.  (b) Trade, profession, or particular kind of work. |   |
| (b) Generat nature of Industry, business, or establishment in which employed (or employer)             | (Duration) yrs 10 mos ds.   |
| (State or country) Street Co. Dul.   | Gontributory (Secondary) (Dapation) yrs mos ds.   |
| 11 BIRTHPLACE  10 NAME OF FATHER Probert Suomis  | (Signed) M.D. (Address Developed M.D.   |
| State or country) Snarefland.  12 MAIDEN NAME  | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| of Mother Central Moments  13 BIRTHPLACE OF MOTHER   | 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS)  At place In the  |
| (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE                                   | of death yrs mos ds. State yrs mos ds.  Where was disease contracted, If not at place of death?   |
| (Interment) Mrs. Maggil morris   | Former or usual residence   |
| (Address)  | Sulaw Demetary Ticay, 29, 1914  |
| Filed May 23, 1914 J. So. Shomas Jo  | 20 UNDERTAKER ADDRESS   |

Troom Declaw mig. REGISTRAN If more blanks are needed, address State Registrar, C.E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Gotton mill; (a) Salesman, tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mara" thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Con-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Never report Examples: For vio-



T. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| County State Shows.  | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2  |
|--|--|
| Village or City Mulling Inc. (No   | St.; Ward)  St.; W |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| Male Block Single, MARRIED, WIDOWED, ON DIVORCED (Write the word)  | 16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CENTIFY, That I attended deceased from  |
| 6 DATE OF BIRTH May 26 19/14   | , 191, to, 191,  |
| 7 AGE Stuly 18 mos. ds. OR   | and that death occurred on the date stated above, at   |
| GOCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)                       | (Duration) yrs   |
| OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country) | (Signed)   |
| (Informant)  | Where was disease contracted, If not at place of death?  Former or usual residence   |
| (Address) Mulmgton file  | 19 PLACE OF BURIAL OR REMOVAL May 27, 191 Y  |
| Filed May 30, 191 of alver Offices REGISTRAR   | By Lather ADDRESS  |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Purremeal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," genltai," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of \_ "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| PLACE OF DEATH 5120 County Level asser   | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-3   |
|--|--|
| Village or City Stevensvilled.   | St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, | (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  |
| May 23, 19/4  (Month) (Day (Year)  | that I last saw h L alive on May 434, 191 4.   |
| 7 AGE If LESS than \( \) day, \( \Lambda \) hrs \( \text{OR} \) min. ?   | mand that death occurred on the eate stated above, at the man are  |
| (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  | (Ouration) yrs mos ds.  Contributory Secondary   |
| 10 NAME OF FATHER & Clase land Price  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTH | (Signed) Jung Jenny , M. D.  May 23, 1914 (Address) Stevensville Md  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds Where was disease contracted,   |
| (Address) Butturk My  16 Filed May 23, 1914 F. C. Thomas   | If not at place of death?  Former or  USUAL TESIDENCE  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  DORESS  |
| If more blanks are needed, address State Reg   | istrar, 6 E. Franklin St., Belto Requesting V. S. No. 1.   |

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The pature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection nccd not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so, that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Village or City Kerry Sudbrulla  No.  August March 19121  August M | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-7  St.: Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]                        |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| Journal Colored Single, Married, Widowed Sould Golden (Write the word)  8 DATE OF BIRTH MUCh 6, 1841   | 16 DATE OF DEATH MAY 30 ,191 4 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 4, to 31 ,191 4 that I last saw h 24 alive on 23 1 ,191 4                                  |
| 7 AGE (Month) (Day (Year)  1 day,hrs. ORmin.?  | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:   |
| (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  | Contributory Alleral Leo purion Secondary  |
| 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME   | (Signed) (Duration) yrs mos ds.  (Signed) (Duration) yrs mos ds. |
| 13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted,  |
| (Informant) Albert Kinggoed (Address) Sudlers orela Md   | If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Barelay Mod.  June 2 not, 1914.   |
| Filed  | 20 UNDERTAKER  ADDRESS  Millinghow Mod.  Lear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.  |



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: But in many

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



S. No. 1.

1

so carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT 4 IS UNFADING INK-THIS N. B.—Every item of information should be carefully su GAUSE. OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate. WRITE PLAINLY, WITH

'PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

| County Turing   | 257)  |
|---|---|
| Village or Charl Hayden (No. Roc  | Registration Dist. No. 257  St.; Ward)  St.; Ward)  Lustin MAME Instead of street and number.]  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| Frenche Color or RACE Single, MARRIEO, WIDOWED, ORDIVERCEO (Write the word)   | 18 DATE OF DEATH 5- 27-, 1914<br>(Month) (Day) (Year)   |
| ** DATE OF BIRTH  | that Francisco n alive on 191   |
| 7 AGE   If LESS than 1 day,hrs. ORmin.?   | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:  |
| OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration) yrs. mos. ts.  Contributory (Secondary)  |
| 10 NAME OF FATHER Weekerson  11 BIRTHPLACE (State or country)  2 (State or country)  12 MAIDEN NAME   | (Signed)  |
| of Mother Herrit Porteste  13 BIRTHPLACE OF MOTHER (State or country)  200  100  110  110  110  110  110  11  | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds. |
| (Informant) Loward Portuges  (Address) Sylvaid and .  Filed Day 27, 1912 P. S. Phillips  REGISTRAR  | Where was disease contracted,  If not at place of death?  Former or  usual residence  |

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubcrcubosis of lungs, meninges, pertionaeum, etc.. Carcin-

genital," accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUERPERAL septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 nant neopiasms); Measles; Whooping cough; Chronical er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of .... (name origin; "Can "Exhaustion," Never report cause for For vio-



RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classifled. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.

1 PLACE OF DEATH County.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

| St.;Ward) | [If death occurred to<br>a hospifal or Institution, |
|-----------|---|
| 1.78      | give Its NAME Insfead<br>of street and number.]     |

| FULL NAME Sady Ben   | St.; Ward)  a hospifal or Institution, give its NAME instead of street and number.]                                     |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| Acolor or race Single, MARRIED, WIDOWED, ORDIVORCED (Il rite the word)                     | 16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from                               |
| Donth) (Day (Year)   | that I last say h 2 allve on 2 2 1 , 191 4  |
| 7 AGE If LESS fhan 1 day,hrs.  | and that death occurred on the date stated above, at  |
| yrsds. ORmin. ?  | The CAUSE OF DEATH * was as follows:  |
| (a) Trade, profession, or parficular kind of work.   | Julian  |
| (b) General nature of Indusfry, business, or establishmenf in which employed (or employer) | (Duration)mos. 3 ds.  |
| 9 BIRTHPLACE (State or country)  | Secondary (Duration) yrs mos ds.  |
| 10 NAME OF Charles Rochesty  | (Signed)  |
| of FATHER (State or country)   | *State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden- |
| 12 MAIDEN NAME Sefa Tolor  | TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)     |
| 13 BIRTHPLACE OF MOTHER (State or country)   | At place In the ot death yrs mos ds. State yrs mos ds  Where was disease contracted.                                    |
| (Interment) The Best of Mt KNOWLEDGE   | It not af place of death?  Former or  usual residence.  |
| (Address) Ingleside lud.   | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| Filed may 1/ , 1914 R. H. Phillips REGISTRAR   | 20 UNDERTAKER ADDRESS   |
| If more blanks are needed, address State Regist  | Tar. 6 E. Franklin St. Balto Beneating V No. 1  |

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborcr," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

valvalar heart disease; Chronic interstitial nephritis, mant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite discase can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; "Dropsy," "Exbaustlon," Never report cause for



V. S. No. 1.

N. B.-

| RECORD   | PHYSICIANS should state of OCCUPATION is very   |
|--|---|
| RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See Instructions on back of carifficate |
| 2  | 000   |

1 PLACE OF DEATH 5124 STATE OF MARYLAND

| Co                       | unty Queen anne  | CERTIFICATE OF DEATH   |
|--------------------------|--|--|
|                          |  | Registration Dist. No. 2   |
| Vii                      | lage or City Country (No. , , )  | St.; Ward)  [If daath occurred in a hospital or institution, give its NAME instead of street and number.]  |
|                          | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3 51                     | Hale White Single, Married or  | 16 DATE OF DEATH May 19, 1914  (Mowth) (Day (Year)   |
| 6 D                      | Tel 4 , 1841   | 17 I HEREBY CERTIFY, That I attended deceased from 2, 1914, to may 19, 1914, that I last saw h alive on may 19, 1914                               |
| 7 A                      | (Month) (Day (Year)  GE   If LESS than   1 day,  | and that death occurred on the date stated above, at   |
| (a)<br>par<br>(b)<br>bus | CCUPATION Trade, profession, or flicular kind of work.  General nature of industry, iness, or establishmant in | (Duration) yrs. 6 mos. ds.   |
| -                        | RTHPLACE (State or country)  Many land   | Contributory Ex laustian Secondary   |
|                          | 10 NAME OF TATHER Thin. Stevens  | (Signed) Orllur E Zanders, M. D.   |
| ENTS                     | 11 BIRTHPLACE<br>OF FATHER<br>(State or country) United States   | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL |
| PA                       | 13 BIRTHPLACE  | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  |
| 14 T                     | OF MOTHER (State or country) United States.  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.                     | At place of death yrs mos ds. State yrs mos ds  Where was diseasa contracted, if not at place of death?  |
| (                        | (Intermant) I fin. 6. Stevens  | Former or usual rasidence.   |
| 15<br>File               | May 30, 1914 alvan Ohippan<br>REGISTRAR  | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  PROPERTY ADDRESS  Bradley & Harks Cremepton  |
|                          | If more blanks are needed, address State Regist  | crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.   |

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronie interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puraperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acei ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," State cause for "Exhaustion,"



ν.

| PLACE OF DEATH 5125  | STATE OF MARYLAND CERTIFICATE OF DEATH  |
|--|---|
| County Jume  | Registered No. 2.3-0  |
| Village or City Sudden rulle (No.  | St; Ward)  [If death occurred a hospital or Institution give its NAME instead of street and number.]  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| Male. While-  Sex  4 COLOROR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)   | (Month) (Day) (Year)  |
| S DATE OF BIRTH Uniferioum, 1  | en May 320, 1914, to 191  |
| Frotably yrs. mos. ds. OR min  | han han and that death occurred on the date stated above, at 7,300.  The CAUSE OF DEATH* was as follows:  |
| (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Pennsy branna  | Contributory (Duration) yrs. mos.  Contributory Frolably lung hould (Secondary)  Linksnown (Duration) yrs. mos.   |
| OF TATHER Underson  OF THE STATE COUNTY  OF THE STATE (State or country)  OF THE STATE COUNTY  OF THE STATE COUNTY | (Signed) M. M. M. Sealth or le l'estate the Disease Causing Death, or, in deaths from Violenz   |
| 12 MAIDEN NAME OF MOTHER UNILENOWN  13 BIRTHPLACE OF MOTHER (State or country)   | CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN TAL. SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death |
| (Informant) B 13 Marsy   | of death  |
| (Address) Suddens ville Mid<br>16<br>Filed May 5: 6 1914 P. H. Phillips  | Holdens Churchyd may 6. 1915  20 UNDERTAKER  ADDRESS  ADDRESS  ALL AND  |

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursults can be known. The question (a) Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," (name orlgln; "Can-For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. B. No. 1.

| Ounty Illu Aunce   | STATE OF MARYLAND<br>CERTIFICATE OF DEATH  |
|--|--|
| Village or City Was Bulsh J  | Registration Dist. No.  St.; Ward)  [If death occurred to a hospital or lostitution, give its NAME lostead of street and number.]  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| **SEX TOUR OF RACE   SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  **B DATE OF BIRTH   | Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191 to  |
| (a) Trade, profession, er particular kind ef work  (b) Genoral nature ef industry, business, or establishment in which employed (or employer)  P BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER   | (Duration) yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.  (Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  |
| 13 BIRTHPLACE OF MOTHER (State or country) Scloud Acade Constitution of Mother (State or country) Scloud Acade Constitution of My Knowledge (Informant).  (Address) Calcula Scale Constitution of My Knowledge (Informant) Calculation of My Knowledge (Information of My Knowl | TAL, SUICIDAL, OF HOMICIDAL.  OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at piace of death?  Former or usual residence  19 LACE OF BURIAL OR REMOVAL  OLIVERY YVILLE  20 UNASERTAXER  ARRESS  Curticular  ARRESS  Curticular  ARRESS  Curticular  ARRESS  Curticular  Curticular  ARRESS  Curticular  C |
| If more blanks are needed, address State Registra  | r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.  |

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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of information should be

N. B.—Every Item CAUSE OF Important,

V. S. No. 1.

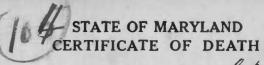
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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

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PLACE OF DEATH 5127



Registration Dist. No. 2.52

| St.;Ward) | St.;1 | Ward) |  |
|-----------|-------|-------|--|
|-----------|-------|-------|--|

[It death occurred to a hospital or institution, give its NAME Instead of street and number.]

Jelen M. Thomas

| TOLL IVAIL   |   |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)  | 16 DATE OF DEATH May 27 - , 191.4  (Matth) (Day (Year)  |
|  | that I last saw har alive on My 2 7 , 1914  |
| <sup>7</sup> AGE It LE   | SS than and that death occurred on the date stated above, at -3. Q. mhrs. The CAUSE OF DEATH * was as follows:  |
| * OCCUPATION (a) Trade, protession, or particular kind of work.  | Ileo-Politis  |
| (b) General nature of industry, business, or establishment in which employed (or employer)   | (Duration)yrsmos. l d ds.   |
| State or country) Queen ame C. M.  | Gentributory Secondary  (Duration)yrsmosds.   |
| 10 NAME OF FATHER Tomes themes  11 BIRTHPLACE OF FATHER OF THE COUNTY OF | (Signed) W. Henry Trober  My 27, 191 + (Address) Centreville h.   |
| C (State or country) Queen mas So M  | *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE OF MOTHER (State or country)   | At place in the ot death yrs  |
| (informant) Transces Tarry   | it not at place ot death?   |
| (Address) Lentreville m<br>16 Filed may 27, 191 y Joht, M. Ewlin Dyst. REGIST  | 10 PRICE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 7 8, 1914  29 UNDERTAKEN BLEWS CHIEFER STANDS  |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



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PHYSICIANS

RECORD

PERMANENT

PLACE OF DEATH Village or City 3 SEX 4 COLOR OR RACE DATE OF BIRTH (Month) TAGE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

.Ward)

Ilf death occurred in of street and number. I

a hospital or lostitution. give its NAME instead MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 191... (Mont) (Day (Year) I HEREBY CERTIFY attended deceased from 305 and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration) .... ...yrs Contributory Secondary (Signed \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIA OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) 1831 (Year) If LESS than 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 15

REGISTRAR

-ff-more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucksis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skuii, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 "Exhaustion,"



No. V. S.

PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH

N. B.—Every Item of Information should be carefully supplied. AGE should be stated, EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

| Village or City Stevensvilleno.  | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)   |
|--|---|
| ²FULL NAME   | 7 - 100000  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| SEX COLOR OR RACE SINGLE, Jung le MARRIED, WIDEWED, ORDIVORCED (Write the word)            | 18 DATE OF DEATH  (Month) (Day (Year)   |
| 6 DATE OF BIRTH  | 17 I HEREBY CERTIFY, that I attended deceased from  |
| (Month) (Day (Year)  | that I last saw hallye on   |
| 7 AGE  | and that death occurred on the date stated above, at  |
| yrs  | The CAUSE OF DEATH* was as follows:   |
| e occupation (a) Trade, profession, or particular kind of work                             | Still 13mm  |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Ouration) yrs. mos. ds.  |
| 9 BIRTHPLACE (State or country) Lour Island mel  | Gontributory Secondary  |
| 10 NAME OF R. Wyle Jurner  | (Signed) — |
| 11 BIRTHPLACE OF FATHER (State or country)  12 Mainten NAME OF MOTHER                      | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  |
| THE OF MAIDEN NAME OF MOTHER OF MOTHER   | TAL, SUICIDAL, or HOMICIDAL.  |
| 13 BIRTHPLACE OF MOTHER (State or country) Centreville in                                  | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds   |
| 14 THE ABOVE TO THE BEST OF MY KNOWLEDGE   | Where was disease contracted, If not at place of death?   |
| (Informant) League W. When   | Former or usual residence   |
| (Address) XIIVENRVILLE Nd  | 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL  |
| Filed May 12191 Hot. Q. Thomas   | 20 UNDERTAKER THE ADDRESS SOUTH   |
| If more blanks are needed, address State Regist  | ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.   |

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 2 1914 BURBAU, V. S.

S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

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tated EXACTLY. PHYSICIANS should stats Exact statement of OCCUPATION is very stated EXACTLY. of Information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. N. B.—Every Item CAUSE OF I

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occorred in a hospital or institution, give its NAME instead ot sfreet and number.]

| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
|--|---|
| 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVERCED (Write the word)  8 DATE OF BIRTH   | 16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191to  191  |
| 7 AGE (Month) (Day (Year)  1 day, hrs.  yrs. mos. ds. OR min.?   | that I last saw h alive on  |
| BOCCUPATION (a) Trade, profession, or particular kind of work  | Still Roin  |
| (b) General nature of Industry, business, or establishment in which employed (or employer)   | (Ouration) yrs. mos. ds.  |
| 10 NAME OF FATHER CHEICAE Valls  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER (State or country) Maryland  13 BIRTHPLACE OF MOTHER (State or country) Maryland  13 BIRTHPLACE OF MOTHER (State or country) Maryland | (Signed) (Duration)   |
| (Informant) Sierica Carrier  (Address) Jolashow Jaa  16  Filed May! , 1914 Ruff Manner  REGISTRAR  | Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Aurel Farm, May 11, 191 4  20 UNDERTAKER  Trederick Walls Valabora Ma |

5320

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning o been changed or given up on account of the nis Servant, Cook, Housemaid, etc. If the occupation should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," bo's

cause of cause of death—Name, first, the miscass, causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ure of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1914

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BUREAUTIS.

No. ů

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE Every Item of Information should be CAUSE OF DEATH in piain terms, s DEATH in piain terms,

properly classified.

See instructions on back of

Important.

N. B.

RECORD

1 PLACE OF DEATH STATE OF MARYLAND 5130

| Co                                      | unty Call Williams  | O CERTIFICATE OF   | DERIII  |
|---|---|--|---|
|   | 9   | Registration Dist.   | No. 254   |
| Vii                                     | lage or City Secenstain No.                               |  | [If death occurred in                               |
| • | m   | ······································   | a hospital or institution,<br>give its NAME instead |
|   | Mary 6 Dec  | 1.01   | of street and number.]                              |
|   | 2FULL NAME  | wez.   |   |
|   | PERSONAL AND STATISTICAL PARTICULARS                      | MEDICAL CERTIFICATE OF   | DEATH   |
| 3 \$                                    | Minnien   | 16 DATE OF DEATH   | 1//   |
| .7                                      | WIDOWED, / Carrier  | (Month)  | (Day (Year)   |
| V-                                      | emale While (Write the word)                              | 17   HEREBY CERTIFY, That A a  | ,             |
| 5 D                                     | ATE OF BIRTH  | 4-6 1914 to  | 3'-4 1014   |
|   | 1844  |  | - 2 m )   |
|   | (Month) (Day (Year)                                       | that I last saw h. &. alive on.  |   |
| 7 A                                     |   | and that death occurred on the date stated at  | ove, atm  |
|   | yrs mos ds.   1 day,hrs.   0 R min. ?                     | The CAUSE OF DEATH* was as follows:  |   |
| 80                                      | CCUPATION 0   |  |   |
| (a)                                     | Trade, profession, or                                     | 1=0=1==================================  |   |
|   | rilcular kind of work                                     | Thombotic Jaroly   | sis   |
| bus                                     | General nature of Industry,<br>iness, or establishment in | · · · · · · · · · · · · · · · · · · ·  | , ,   |
| whi                                     | ch employed (or employer)                                 | (Duration)   | yrs mos ds.   |
| 9 BI                                    | (State or country)  | Secondary (ASD)  | whom  |
|   | 10 NAME OF 7  | (Duration)   | .yrsds.   |
|   | FATHER Trans Council                                      | (Signed)   | , M. D.   |
| TS                                      | 11 BIRTHPLACE   | 5-4, 1914 (Address) Duce   | istoure Ille  |
| Z                                       | (State or country) Uncert Con C                           |  | Anothe from The                                     |
| AREN                                    | 12 MAIDEN NAME 7  | *State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL. | (2) whether Acciden-                                |
| PA                                      | OF MOTHER M & merdelle                                    | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN  |   |
|   | 13 BIRTHPLACE   | OR RECENT RESIDENTS)   | SITUTIONS, IRANSIENTS,                              |
|   | OF MOTHER (State or country) Macyland                     | of death yrs mos ds. State   | . Yrs mos de  |
| 14 T                                    | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE              | Where was disease contracted,  |   |
|   | Policy Dance  | If not at place of death?  | ******************************                      |
| (                                       | (Informant)   | usual residence  | 000000000000000000000000000000000000000             |
|   | (Address) Lundham line                                    | 19 PLACE OF BURIAL OR REMOVAL  | ATE OF BURIAL                                       |
| 16                                      | Slad all a  |  | 576 1914  |
| P*2 s                                   | 545 my Melleformon  |  | DDRESS  |
| FII                                     | 1917 JOHN GOVERNAR  | Who Malon on 2   | 1111  |
|   | SO   FIT OF REGISTRAN                                     | 11 WIII OUT TO CO  | mary freezes  |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichae-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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| County Succentures  | CERTIFICATE OF DEATH  |
|---|---|
| 1   | Registration Dist, No. 25-4   |
| Village or City For as Store (No  | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead   |
| 2 FULL NAME Munice  | Treking of street and number.]  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| Jernale Cold Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)  | (Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from   |
| Month) (Day (Year)  | that I last saw h. W. allve on May - 18, 1914   |
| 7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. 0R  | and that death occurred on the date stated above, at  |
| (a) Trade, profession, or particular kind of work.  (b) General nature of industry,   | Julian many Juliander   |
| business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)   | Gontributory (Duration) yrs. mos. ds  Gontributory Secondary  |
| O 11 BIRTHPLACE OF FATHER ON A  | (Signed) yrs mos ds  (Signed) , M. D  (Address) Queens our W. D   |
| 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  14 BIRTHPLACE  14 BIRTHPLACE  15 BIRTHPLACE  16 BIRTHPLACE  17 BIRTHPLACE  18 BIRTHPLACE | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) |
| OF MOTHER (State or country) How Mice  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) John Melling   | At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?   |
| (Address) Joras Hora m  | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Buyans Cohopul 5/22, 1914  |
| Filed 3 R 1914 Monton REGISTRAR   | 20 UNDERTAKER MIRONWA 2   |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

5131

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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